

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) JCORD-0001								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____. Signature _____ Typed or printed name _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Brandt Gerard CORDELLI</td> </tr> <tr> <td style="padding: 5px;">Application Number 10/661,508</td> <td style="padding: 5px;">Filed September 15, 2003</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For: LIABILITY INSURANCE COVERAGE REFERRAL SYSTEMS AND METHODS</td> </tr> <tr> <td style="padding: 5px;">Art Unit 3629</td> <td style="padding: 5px;">Examiner Kimberly L. Evans</td> </tr> </table>		In re Application of Brandt Gerard CORDELLI		Application Number 10/661,508	Filed September 15, 2003	For: LIABILITY INSURANCE COVERAGE REFERRAL SYSTEMS AND METHODS		Art Unit 3629	Examiner Kimberly L. Evans
In re Application of Brandt Gerard CORDELLI										
Application Number 10/661,508	Filed September 15, 2003									
For: LIABILITY INSURANCE COVERAGE REFERRAL SYSTEMS AND METHODS										
Art Unit 3629	Examiner Kimberly L. Evans									

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the decision of the examiner.

☒ The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 270.00

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card via EFS.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 13-3402.

☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number 33,103 . <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.	<div style="border-top: 1px solid black; margin-bottom: 5px;">/John A. Sopp/</div> Signature <div style="border-top: 1px solid black; margin-bottom: 5px;">John A. Sopp</div> Typed or printed name <div style="border-top: 1px solid black; margin-bottom: 5px;">703-243-6333</div> Telephone number <div style="border-top: 1px solid black; margin-bottom: 5px;">July 5, 2011</div> Date
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☒ *Total of 1 forms are submitted.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.